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ABSTRACT

These guidelines present standards for administering medication in Maryland schools, both prescribed and over-the-counter medications. In general, medication during school hours is discouraged unless necessary. The guidelines recommend that, whenever possible, children administer their own medication under appropriate supervision. Specifically, the guidelines address: administration of prescription drugs (ordered by a physician, nurse practitioner, midwife, or dentist); parental consent; proper labeling, storage, and disposal of medication; the administration itself; special considerations in the administration of narcotics; over the counter medications; administration of medication on field trips; error in medication administration; stolen medication; and education on medication use. Physician authorization, parental consent, and recordkeeping forms are attached, as are the standards of the Department of Health and Mental Hygiene on the delegation of nursing functions. (DB)

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# GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOLS

MARYLAND STATE DEPARTMENT OF EDUCATION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1992

EC 301 298

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## GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOLS

### INTRODUCTION

The Maryland State Department of Education and the Department of Health and Mental Hygiene recommend that medication administration during school hours be discouraged. However, there is a need for some students to receive medication while in school; therefore safe and proper administration of medication is essential. In order to assist local school systems and local health departments (LHDs), the two departments collaboratively have developed the following guidelines. These guidelines apply to all prescribed and over-the-counter medications. They should be used as a basis for local policies and procedures for the administration of medications. It is also recommended that, when possible, children be allowed to administer their own medication under the designated school health professional's or designee's supervision. These guidelines have been reviewed by the Board of Nursing and are consistent with the Nurse Practice Act.

### GUIDELINES FOR MEDICATION ADMINISTRATION

I. Prescription Drugs

A. Physician, Nurse Practitioner or Midwife, or Dentist Orders

All prescription medication to be given in school must be ordered by a physician, nurse practitioner, dentist, or midwife. It is recommended that a standard authorization form be developed (see Appendix A). The authorization form should contain the following.

- o Date of order
- o Name of student
- o Name of medication to be administered
- o Dosage
- o Time of administration
- o Route of administration
- o Duration of administration
- o Possible side effects
- o Whether or not medication may be self-administered

The order shall be signed by the physician, nurse practitioner, dentist or midwife. An authorization form must accompany each medication order. A physician's order should be renewed annually even if the order is for a prn (whenever necessary) medication.

Verbal orders from a physician, nurse practitioner or midwife, or dentist must be taken directly by a nurse only. This order should be recorded by the nurse on the student's health record and must be followed up with a written order from the physician in ten days. If the written order is not received within ten days, then administration of the medication must be discontinued in school.

The authorization form should be filed in the student's school health record.

B. Parental Consent

Written parental consent is required for each medication ordered by the physician and for each new order (even if the drug was previously given in school).

A Parental Consent form should be developed and may be part of the authorization form (see Appendix B).

If a medication is a standing order (for example, Epi-Pen to be given when necessary), the parental consent form must be renewed at the beginning of each school year.

Parental consent forms should be filed in the student's school health record.

C. Medication Labeling, Storage, and Disposal

The original prescription container should accompany all medication to be given in school. Parents should request two containers (one for school and one for home) from the pharmacist when getting the prescription filled. Medications should be brought to the school by the parent or responsible adult, especially for elementary school students. However, if this is not possible, the parent/guardian should inform the school nurse, principal or designee by telephone them that his/her child is bringing the medication to school and how much of the medication is to be in the container. This alleviates any question about how much medication was put in the container and how much medication was in the container when the child reached the school. The amount of medication received should be checked by the school nurse, principal or designee and the amount received documented as soon as the student delivers the medication.

The original prescription container should be labeled with the following.

- o Name of student
- o Name of medication
- o Dosage of medication to be given
- o Time when medication should be given
- o Route of administration
- o Name of physician ordering medication
- o Date of prescription
- o Expiration date

In compliance with the School Health Standards (COMAR 13A.05.05.05--.15), medication should be stored in a locked file cabinet. Medications that must be refrigerated should be stored in a locked box in the refrigerator. Access to medication locked in the designated space shall be under the authority of the designated school health professional, the principal, and/or designee.

If not retrieved by a parent or responsible adult, all medication should be destroyed one week after the expiration date or at the end of the school year. Unused and unclaimed medication should be disposed of by flushing. Sharps (needles, lancets) need to be disposed of in a puncture proof container. Disposal of this container and other medical waste should follow OSHA guidelines.

It is recommended that schools not purchase and store stock supplies of over-the-counter drugs.

D. Administration of Medication

The designated school health professional, in collaboration with the principal, implements the medication policy. School staff and parents should be informed of the medication policies and procedures periodically during the school year.

The following is recommended in the administration of medication.

- o The parent/guardian must give the first dose of any new prescription or over-the-counter medication, except for prn emergency medications (e.g. Epi-Pen).
- o A record must be maintained every time a medication is given (even if the child self-administers the medication). The record should include: student's name, date, time of administration, dosage, and signature of person

administering the medication (see Appendix C). A process for recording when a medication is given needs to be developed when a child self-administers.

It is recommended that students who are able to administer their own medication do so under the supervision of the designated school health professional or designee. If the student cannot self-administer, medication may only be administered by the designated school health professional. The designated school health professional may delegate the administration of medication by drops or the administration of oral and topical medications only (see Appendix D - Delegation of Nursing Functions).

E. Administration of Narcotics

If a narcotic must be administered in school, the guidelines for prescription medications should be followed with the following exceptions.

- The parent/guardian must bring the medication to school.
- The administration of the medication cannot be delegated (even if the drug is to be given orally).
- Narcotics should be counted at the beginning and end of each day by the designated school health professional and the principal/designee. The count needs to be recorded each day. When narcotics are given on a prn basis and the Designated School Health Professional is not located in the school on a daily basis, the narcotics should be counted prior to administration and the count recorded.
- If the narcotic is to be given for more than thirty days, the designated school health services professional should contact the parent or physician to validate the continued use of the medication.
- The refilling of a prescription for a schedule II controlled dangerous substance is prohibited. Prescriptions for schedules III or IV, if authorized by the prescriber, may be filled or refilled up to six months after the date on which the prescription was issued. A Prescription for a schedule III or IV substance may not be refilled more than five times. Each refilling shall be appropriately documented.

Consult your Physician's Desk Reference or physician regarding the classification of specific drugs.

II. Over-The-Counter (OTC) Medications

It is recommended that administration of OTC drugs be given in accordance with the guidelines for prescription medication. However, in some instances administration of over-the-counter medication without a physician, nurse practitioner, or dentist may be requested by the parent/guardian. recommended that LEAs in collaboration with LHDs develop a procedures for the administration of OTC drugs. The following should be taken into consideration when developing that policy.

- Written parental consent must be obtained. Consent should also include the name of the drug, dose to be given, route and time to be given.
- The OTC drug should not be given for more than two successive school days or more than two episodes.
- Only the designated school health professional may approve the OTC drug to be given.
- Only the designated school health professional may delegate the administration of the OTC medication.
- Parent/guardian should give the first dose of the drug.
- The OTC drug should be in a sealed container.
- Storing and recording the administration of the OTC medication should follow the same guidelines as prescription medications.

III. ADMINISTRATION OF MEDICATION ON FIELD TRIPS

Medications should be administered to students on field trips only when absolutely necessary. The timing of doses should be adjusted to occur outside of the field trip period, whenever possible. Medications may be administered on field trips only when previously administered and a parents permission form is on file. Parents should be responsible for specialized care of medications, such as refrigeration. The determination of whether a medication is administered during a field trip and by whom should be determined by the designated school health services professional in collaboration with the principal and parents. Options for administration of medications during field trips may include the following.

- Parent/guardian may accompany student on the field trip and administer the medication.

- A single dose of the medication can be placed in a properly labeled envelope by the designated school

health professional to be given on the field trip by school personnel. (See Appendix D)

Following the field trip, the labeled container should be returned to the health suite or the parents. A notation should be made on the student's medication record that the medication was administered. This notation should be initialed by the person who administered the medication.

## IV. ERROR IN MEDICATION ADMINISTRATION

If an error in medication administration occurs (such as giving the incorrect dose, giving incorrect medication to the student, or giving a student another student's medication even if the medication was same drug and dose), the procedures below should be followed:

- The student should be observed for untoward side effects from incorrect medication administration. Appropriate action should be taken based on nursing judgment and/or physician order.
- The parent, school administrator, prescriber of medication, and nursing supervisor should be notified.
- The appropriate reporting form should be completed (see Appendix F for an example).
- The specifics of the incident and the action taken should be documented. Each local school system and health department should develop procedures to ensure accurate documentation.

## V. STOLEN MEDICATION

If any medication is reported missing, notify the school administrator and follow procedures for missing property on school grounds. Since the incident involves drugs, notification of police may be appropriate. Parents should be told so the medication may be replaced. Appropriate reporting form should be completed and the designated school health professional should keep a copy of the report.

## VI. EDUCATION ON MEDICATION USE

It is strongly recommended that an educational program should be developed for students regarding the appropriate use of medications and the resolution of health problems without the use of medications. It is also recommended that the policies,

procedures, and forms be shared with all local physicians, dentists, and health care providers.

## APPENDIX A

### PHYSICIAN'S AUTHORIZATION FORM

DATE OF ORDER_____

NAME OF STUDENT_____

SCHOOL_____GRADE_____

MEDICATION_____

DOSAGE_____

TIME OF ADMINISTRATION_____

ROUTE OF ADMINISTRATION_____

DURATION OF ADMINISTRATION_____

POSSIBLE SIDE EFFECTS:

MAY MEDICATION BE SELF-ADMINISTERED? YES____ NO_____

SIGNATURE OF PHYSICIAN_____

TELEPHONE NUMBER_____

## APPENDIX B

## PARENTAL PERMISSION FORM

I hereby give my permission for _____

to take _____at school as ordered by the physician, nurse practitioner or midwife, dentist, or chiropractor. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my child, in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction suffered by my child due to the administration of the drug.

I understand that the medication must be brought to school in the original container appropriately labeled. This includes my child's name, name of medication, dosage, time of administration, route, name of prescriber, date of medication order, and expiration date of drug.

DATE_____PARENT/GUARDIAN SIGNATURE_____

MEDICATION LIST

Month of January

| NAME | MEDICATION | 2 | 3 | 4 | 7 | 8 | 9 | 10 | 11 | 14 | 15 | 16 | 17 | 18 | 21 | 22 | 23 | 24 | 25 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Susan Brown | Sod. Dilantin 30 mgm. 12 H | | | | | | | | | | | | | | | | | | | | | | |
| Steve Black | Ritalin, 5 mgm. 12 N. | | | | | | | | | | | | | | | | | | | | | | |
| John Smith | Marax, 5 cc. | | | | | | | | | | | | | | | | | | | | | | |
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Code:
I - initial dose administered
D - medication discontinued
A - absent from school

APPENDIX D

DELEGATION OF NURSING FUNCTIONS

# Title 10
# Department of Health and Mental Hygiene

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AND ... SERVICES
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## Subtitle 27 Board of Nursing

## Chapter 11 Delegation of Nursing Functions

Authority: Health Occupations Article, §7-102 and 7-205, Annotated Code of Maryland

### .01 Exclusion from Regulations.

Nothing in this chapter shall be applicable to or restrict or limit:

A. Other health care practitioners who are authorized delegatory powers under their respective acts;

B. The gratuitous provision of care by self, family, or friends;

C. Nursing tasks performed by nursing students enrolled in accredited nursing programs while practicing under the direct supervision of qualified faculty or preceptors;

D. Performance in the school setting of nursing procedures necessary for handicapped students to achieve activites of daily living as cited in P.L. 94-142 and which are routinely performed by the student or the student's family in the home setting;

E. Any individual who has successfully completed either the geriatric nursing assistant training program or the certified medicine aid training program under Health-General Article, §19-308.1(b), Annotated Code of Maryland, to perform acts consistent with COMAR 10.07.02.

### .02 Definitions.

A. The following terms have the meaning indicated.

B. Terms Defined.

(1) "Board" means the Board of Nursing.

(2) "Client" means the recipient of nursing care.

(3) "Delegation" means the act of assigning or authorizing an unlicensed individual to perform acts of registered nursing or licensed practical nursing.

(4) "Evaluation" means the review and analysis of the extent to which the assessment, nursing diagnosis, planning and implementa-



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tion phases of the nursing process were effective in resolving the client's identified problems.

(5) "Responsibility" means the charge to do something that is expected performance.

(6) "Supervision" means the process of critical watching, directing, and evaluating another's performance.

(7) "Unlicensed person" means an individual, other than the licensed nurse, who functions in a complementary or assistant role to the licensed nurse in providing direct patient care or carrying out common nursing functions. The term includes, but is not limited to, nurses aides, orderlies, assistant technicians, attendants, home-health aides, medication aides, geriatric aides, or other health aides.

**.03 Criteria for Delegation.**

A. Nursing acts delegated by the nurse shall:

(1) Be within the area of responsibility of the nurse delegating the act;

(2) Be such that, in the opinion of the nurse, it can be properly and safely performed by the unlicensed person without jeopardizing the client welfare;

(3) Be acts that a reasonable and prudent nurse would find are within the scope of sound nursing judgment.

B. Nursing acts delegated by the nurse may not require the unlicensed person to exercise nursing judgment or intervention except in an emergency situation.

C. When delegating a nursing act to an unlicensed individual the nurse shall:

(1) Make an assessment of the patient's nursing care needs before delegating the task;

(2) Either instruct the unlicensed person in the delegated task or verify the unlicensed person's competency to perform the nursing task;

(3) Supervise the performance of the delegated nursing act in accordance with Regulation .04;

(4) Be accountable and responsible for the delegated task;

(5) Evaluate the performance of the delegated nursing act; and

(6) Be responsible for assuring accurate documentation of outcomes on the nursing record.

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**.04 Supervision.**

A. The nurse shall determine the required degree of supervision after an evaluation of appropriate factors including, but not lim ted to the:

(1) Stability of the condition of the client;

(2) Training and capability of the person to whom the nursing action is being delegated; and

(3) Nature of the nursing action being delegated.

B. The delegating nurse or another equally qualified nurse shall be readily available either in person or by telecommunication.

C. Except as provided in §D the nurse responsible for nursing care in the client's residence shall make a supervisory visit to the residence at least every 2 weeks to:

(1) Evaluate the client's health status;

(2) Evaluate the performance of the delegated nursing acts; and

(3) Determine whether goals are being met.

D. If the unlicensed person is providing care limited to activities of daily living in the client's residence, then the nurse shall make supervisory visits to the client's home as the nurse determines necessary for safe, effective nursing care of the client.

E. Supervision shall include reevaluation of the client status based on the current assessment by the unlicensed person.

**.05 Nursing Functions.**

A. The following nursing functions require nursing knowledge, judgment, and skill and may not be delegated:

(1) The initial nursing assessment or intervention;

(2) Development of the nursing diagnosis;

(3) The establishment of the nursing care goal;

(4) Development of the nursing care plan;

(5) Evaluation of the client's progress, or lack of progress toward goal achievement; and

(6) Any nursing intervention which requires nursing knowledge, judgment, and skill.

B. Unlicensed personnel may assist in the collection and reporting of data including, but not limited to:

(1) Vital signs, height, weight, intake and output and Clinitest results;

(2) Changes from baseline data established by the nurse;

(3) Behaviors related to the plan of nursing care;

(4) Unsafe environmental conditions; and

(5) Activities of daily living.

C. Unlicensed personnel may contribute to the implementation of the plan of nursing care in situations where the delegation of that task does not jeopardize the client's welfare. Some tasks that require professional nursing judgment may be delegated after the nursing judgment is made. These tasks may include, but are not limited to:

(1) Assisting with personal hygiene and elimination, such as routine bed baths, uncomplicated mouth or skin care, normal shampoos, provision or removal of bedpans and urinal, and emptying of foley catheter drainage bags, or ostomy bags;

(2) Selected ambulation, positioning, turning, activities of daily living, or exercise programs;

(3) The provision of a safe, comfortable environment;

(4) Treatments of a routine nature that do not require simultaneous professional nursing judgment such as simple dressing changes and external catheter care;

(5) Assisting a client to self-administer medication, provided the assistance does not include measuring or pouring medication or the preparation of syringes for injections;

(6) Selected nutritional activities, such as feeding and meal preparation;

(7) Socialization activities; and

(8) Transportation of client.

D. Administration of medication is a nursing function. As such the nurse retains full responsibility for medication administration.

E. Administration of medication may only be delegated by the nurse in the following specific situations:

(1) Supervised group homes;

(2) Independent living settings;

(3) Schools;

(4) Correctional institutions;

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(5) Hospice; and

(6) Day care centers.

F. The following activities related to medication administration may not be delegated:

(1) Calculation of any medication doses except for measuring a prescribed amount of liquid medication and breaking a tablet for administration, provided the registered professional nurse has calculated the dose;

(2) Administration of the initial doses of medication that has not been previously administered to the client;

(3) Administration of medications by injection route;

(4) Administration of medications used for intermittent positive pressure breathing or other methods involving medication inhalation treatments; and

(5) Administration of medications by way of a tube inserted in a cavity of the body.

**.06 Client Health Teaching and Health Counseling.**

A. It is the responsibility of the registered nurse to promote client education and to involve the client and significant others in implementation of health goals.

B. Unlicensed individuals may provide information to the client; however, ultimate responsibility for client health teaching and health counseling shall reside with the registered professional nurse as it relates to nursing and nursing services.

**Administrative History**

Effective Date: October 2, 1989 (16:19 Md. R. 2105)

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APPENDIX E

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EXECUTIVE DIRECTOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**STATE BOARD OF PHARMACY**

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BALTIMORE COUNTY

October 8, 1991

Genie L. Wessel, R.N., M.S., FASHA
Department of Health and Mental Hygiene
Local & Family Health Administration
201 W. Preston Street
Room 321-A
Baltimore, Maryland 21201

Dear Mrs. Wessel:

The Maryland Board of Pharmacy is in receipt of your letter with the following question can the nurse take a single dose of medication, place it in an envelope, label it and give it to the student to be taken on the trip?

The Board is of the opinion that a single dose of medication can be administered to a student in a properly labeled envelope to be taken later in the day. Mr. Earl Reiser of Licensing and Certification provided the attached information. If you have questions about the guidelines for proper labelling, please contact him at 764-2770.

Thank you for consulting the Board in this matter. We trust that we have provided the assistance that you need?

Sincerely,

Ralph Small, P.D.
Secretary

RS/do

cc: Dr. Robert Jones



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## Division of School Health

### INCIDENT REPORT

Purpose: Provide a standardized method of documenting any unusal occurrence whether or not patient injury has occurred.

General Information: An INCIDENT REPORT (SH- ) is completed when a situation occurs which is not in compliance with the policies and procedures of the agency, the Maryland Nurse Practice Act or the American Nurses Association Standards of School Nursing Practice, which may result in potential or actual injury to parties involved.

Situations requiring an Incident Report (SH- ) include but are not limited to:

- Needle Sticks
- Medication errors, such as use of expired drugs, incorrect dosage, administering the wrong drug, improper handling and storage
- Deviation from accepted procedure in providing health care treatment
- Acts of omission

All entries must be made in permanent black ballpoint ink.

Instructions:

I. Identifying Information - Self-explanatory

II. Description of Incident
Date, Time, Location - Self-explanatory
Witnesses - Self-explanatory
Narrative Description of Occurrence - Describe completely without interpretation. Include only factual data.
Disposition - Briefly describe what was done as a result of the incident. Documentation of the incident in the student's health record must also occur and is to be stated here.

III. Reported To: Person completing the form documents reporting incident to:
1. the School Health Coordinator or Supervisor
2. the School Administration
3. the parent, if appropriate
4. the student's physician, if appropriate

Disposition: The completed form is sent to the Nursing Supervisor reported to. It's maintained in the employee's file in the Division of School Health.

Division of School Health

INCIDENT REPORT

I. Identifying Information:

Employee Name _____ School _____

Patient Name _____ Birthdate _____

Address _____

II. Description of Incident:

Date _____ Time _____ Location of Incident _____

Witness(es) _____

Narrative Description of Occurrence:
(Continue on separate page, if necessary).

Disposition:

Signature _____ Date _____

III. Reported To:

1. Nsg. Coord. or Supervisor _____ Date _____ Time _____ By _____

2. School Administration _____ Date _____ Time _____ By _____

3. Student's Parent _____ Date _____ Time _____ By _____

4. Student's Physician _____ Date _____ Time _____ By _____